



Commonwealth of Massachusetts

Department of Public Safety

PETITION FOR VARIANCE/RELIEF

Please send application to:

Department of Public Safety, Board of Elevator Regulations, 1 Ashburton Place, Room 1301, Boston, MA 02108

*NOTE: \$50 NON-REFUNDABLE FILING FEE
PAYABLE TO THE:
"COMMONWEALTH OF MASSACHUSETTS"*

Name of owner: _____

Address of owner: _____

Owner's E-mail: _____ Owner's Phone Number: _____

Please mark the appropriate box indicating the requested action to be considered by the Board of Elevator Regulations:

Variance		Order	
Interpretation		Other	
STATE USE ONLY			
Fee Received			
Check Number			
Received By			

(This section must be completed or the application will be returned.)

Has the elevator been the subject of an appeal by this or any other appeals board prior to this filing?

No ☐ Yes ☐ If yes, please indicate the date of the previous appeal, the code section that was at issue, and the specifics of the decision (*i.e.*, variance was granted/not granted).

Please take care to submit all written supporting documentation with this application to allow time for review. This documentation should include a copy of the DPS Inspectors Report and any DPS paperwork relating to this variance request. However, Board members reserve the right to continue proceedings if such material warrants extensive review.

Please provide a brief description of the desired relief below. Additional information may be attached if space is not sufficient. **All appropriate code sections that are subject to appeal must be identified in the description.**

Name and address of Unit: _____

State ID Number: _____

Petitioner's Signature: _____

Print Petitioner's Name: _____

Petitioner's Address: _____

Petitioner's E-mail: _____ Phone Number: _____

Inspector Having Jurisdiction

Date Received
Petition for Variance/Relief
Revised September 2012